

Type a plus sign (+) in this box → ☐

<small>0010/P10 Re. 6.95</small>	<small>U.S. Department of Commerce Patent and Trademark Office</small>	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">Attorney Docket Number</td><td style="width: 20%;"></td></tr><tr><td>First Named Inventor</td><td></td></tr><tr><td colspan="2" style="text-align: center;"><b>COMPLETE IF KNOWN</b></td></tr><tr><td>Application Number</td><td></td></tr><tr><td>Filing Date</td><td></td></tr><tr><td>Group Art Unit</td><td></td></tr><tr><td>Examiner Name</td><td></td></tr></table>	Attorney Docket Number		First Named Inventor		<b>COMPLETE IF KNOWN</b>		Application Number		Filing Date		Group Art Unit		Examiner Name																							
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<p>As a below named inventor, I hereby declare that</p> <p>My residence, post office address and citizenship are as stated below next to my name</p> <p>I believe I am the original first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"><b>PACKAGING COMPRISED OF A FOIL-SHAPED COMPOSITE MATERIAL AND METHOD FOR PRODUCING SAID PACKAGING</b></div> <p style="text-align: center; font-size: small;">(Title of the Invention)</p> <p>the specification of which</p> <div style="display: flex; align-items: flex-start;"><div style="margin-right: 10px;"><input type="checkbox"/> is attached hereto</div><div>OR</div><div style="margin-right: 10px;"><input type="checkbox"/> was filed on (MM/DD/YYYY) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></div><div>as United States Application Number or PCT International Application Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> and was amended on (MM/DD/YYYY) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> (if applicable).</div></div> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 56</p> <p>I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 25%;">Prior Foreign Application Number(s)</th><th style="width: 20%;">Country</th><th style="width: 20%;">Foreign Filing Date (MM/DD/YYYY)</th><th style="width: 20%;">Priority Not Claimed</th><th style="width: 15%;">Copy Attached?</th></tr><tr><th></th><th></th><th></th><th></th><th>YES      NO</th></tr></thead><tbody><tr><td>111/99</td><td>SWITZERLAND</td><td>01.21.1999</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/>   <input type="checkbox"/></td></tr><tr><td>PCT/CH00/00002</td><td>PCT</td><td>01.04.2000</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/>   <input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/>   <input type="checkbox"/></td></tr><tr><td></td><td></td><td></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/>   <input type="checkbox"/></td></tr></tbody></table> <div style="margin-top: 10px;"><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.</div> <p>I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"><thead><tr><th style="width: 35%;">Application Number(s)</th><th style="width: 35%;">Filing Date (MM/DD/YYYY)</th><th style="width: 30%;"></th></tr></thead><tbody><tr><td style="height: 40px;"></td><td></td><td style="text-align: center; vertical-align: middle;"><div style="display: flex; align-items: center; justify-content: center;"><input style="width: 30px; height: 30px; margin-right: 10px;" type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.</div></td></tr></tbody></table>			Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?					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## DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the last paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business with the Patent and Trademark Office connected therewith:

Firm Name **Fisher, Christen & Sabol**Payor Number  
(if applicable)


Name	Registration Number	Name	Registration Number
Virgil H. Marsh	23,083		
Kara M. Armstrong	38,234		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

☐ Please direct all correspondence to:

Name	Virgil H. Marsh				
Address	Fisher, Christen & Sabol				
Address	Suite 1401, 1725 K Street, N.W.				
City	Washington	State	D.C.	Zip	20006
Country	USA	Telephone	(202)659-2000	Fax	(202)659-2015

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Claude	Middle Initial	A.	Family Name	Marbler	Suffix	
Inventor's Signature 						Date	11.06.2001
Residence: City	Phalsbourg	Country	France	Citizenship	French		
Post Office Address: 40a rue des Calvaires, F-57370 Phalsbourg, France							
City	Phalsbourg	Postal Code	F-57370	Country	France	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Sabine	Middle Initial		Family Name	Cerf	Suffix	
Inventor's Signature						Date	15.06.04
Residence City	Sarrebourg	Country	France	Citizenship French			
Post Office Address 3, allée des Tilleuls, F-57400 Sarrebourg, France							
City	Sarrebourg	Postal Code	F-57400	Country	France	Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence City		Country		Citizenship			
Post Office Address:							
City		Postal Code		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence City		Country		Citizenship			
Post Office Address:							
City		Postal Code		Country		Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature						Date	
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Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence City		Country		Citizenship			
Post Office Address:							
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